WRITTEN CLAIM FOR COMPENSATION

In order to protect your rights for possible future workers compensation benefits, a written claim must be **filed with your employer** within 200 days after one of the following:

- (1) The date of accident.
- (2) The last compensation paid.
- (3) The last approved medical treatment.

An accident report filed with the Division of Workers Compensation IS NOT a written claim.

Employee's Receipt

(Do not send to the Kansas Division of Workers Compensation Office)

I hereby acknowledge receipt of written claim			
Employer's Signature		Date Received:	
Employee's name:			
Date of alleged accident:			
KEEP T	OP HALF FOR YOUR		
	BOTTOM HALF WITH		
LEAVE	BOTTOW HALF WITH		
	CLAIM FOR CO	MPENSAT	ION
	CLAIM FOR CO		ION
	CLAIM FOR CO Date: (month/day/year)	
WRITTEN	CLAIM FOR CO Date: (1)	month/day/year)	
WRITTEN To (employer):	CLAIM FOR CO Date: (a	month/day/year) State: Compensation laws of H	Zip: Zansas by reason of an accident
WRITTEN To (employer): Street: You are herewith informed that I claim competents.	CLAIM FOR CO Date: (i	month/day/year) State: Compensation laws of I	Zip: Zip: Xansas by reason of an accident

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security number be included in forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.